

OH-1 (Rev. 1-82)

HSY 0001

HSY 0001

OH-5 (04-01-95)
HSY 7005

<p>The crash INVOLVED one or more of the following:</p> <p><input type="checkbox"/> A truck (motor vehicle) with at least 2 axles and 6 tires; or</p> <p><input type="checkbox"/> A truck (motor vehicle) with a hazardous materials placard; or</p> <p><input type="checkbox"/> A bus designed for at least 16 persons, including driver.</p>	<p>A N D</p>	<p>The crash RESULTED in one or more of the following:</p> <p><input type="checkbox"/> A fatality; or</p> <p><input type="checkbox"/> An injury requiring transportation for immediate medical treatment; or</p> <p><input type="checkbox"/> At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.</p>
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LOCAL REPORT NUMBER						REPORTING AGENCY								NCIC ORI 0 H 0 0											
<div></div>																									
COUNTY						IN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWNSHIP OF								DATE OF CRASH						TIME (24 HR. CLOCK)					
<div></div>						<div></div>								<div></div>						<div></div>					
LOCATION: NUMBER/NOME OF HIGHWAY/STREET																	AT								
IF NOT IN INTERSECTION																								N	(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NUMBER)
<div></div> MILES <div></div> FEET																								W	S E OF
NUMBER OF FATALITIES RESULTING FROM CRASH																	NUMBER OF INJURIES RESULTING FROM CRASH								
<div></div>																	<div></div>								

UNIT NUMBER	TRUCK/BUS DRIVER'S LAST NAME	FIRST	MIDDLE INITIAL
SSN	COL CLASS	DRIVERS LICENSE NUMBER	STATE
<div> <div> <div></div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> </div> <div>-</div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> </div>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		<div> <div></div> <div></div> </div>

SOURCE OF NAME (CHECK 1 ONLY) <input type="checkbox"/> VEHICLE SIDE <input type="checkbox"/> SHIPPING PAPERS <input type="checkbox"/> DRIVER/LOGBOOK <input type="checkbox"/> OTHER _____									
NAME _____									
STREET ADDRESS _____									
CITY _____					STATE _____		ZIP CODE _____		
CARRIER'S ID NUMBERS:		US DOT _____			ICC MC _____		PUCO _____		

SEQUENCE OF EVENTS (ENTER THE ORDER OF EVENTS BY CODE NUMBER FOR THIS VEHICLE)		VEHICLE CONFIGURATION		CARGO BODY TYPE	
1st Event	01 Ran Off Road 02 Jackknife 03 Overturn 04 Downhill Runaway 05 Cargo Loss or Shift 06 Explosion or Fire 07 Separation of Units 08 Collision Involving Pedestrian 09 Collision with Motor Vehicle in Transport	10 Collision with Parked Motor Vehicle 11 Collision with Train 12 Collision with Pedalcycle 13 Collision with Animal 14 Collision w/ Fixed Object 15 Collision w/ Other Object 16 Other	1 Bus 2 Single Unit Truck; 2 Axles, 6 Tires 3 Single Unit Truck; 3 or More Axles 4 Truck/Trailer 5 Truck Tractor (Bobtail) 6 Tractor/Semi-Trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Other - cannot classify	1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other	
NUMBER OF AXLES ON VEHICLE (INCLUDING TRAILERS)		GROSS VEHICLE WEIGHT RATING		LBS	
Was any vehicle towed as a result of damage received? <input type="checkbox"/> YES <input type="checkbox"/> NO Was vehicle carrying hazardous materials? <input type="checkbox"/> YES <input type="checkbox"/> NO Was hazardous cargo from vehicle released? <input type="checkbox"/> YES <input type="checkbox"/> NO (Don't count fuel from fuel tank)		VIN			
Placard number from diamond box		Number from bottom of diamond			

DISPOSITION OF REPORT: THE ORIGINAL IS INCLUDED WITH THE OH-1 AS A PERMANENT PART OF THE CRASH INVESTIGATION.
FORWARD COPY TO: OHIO DEPARTMENT OF PUBLIC SAFETY, TRAFFIC CRASH RECORDS, 1952 WEST BROAD STREET, COLUMBUS, OH 43223

OH-5 INSTRUCTIONS

WHEN TO USE THIS REPORT:

Complete all applicable captions for any crash that qualifies as being reportable under the criteria at the top of the other side of the report. If more than one truck or bus was involved, complete a separate OH-5 Truck & Bus Crash Report Supplement for each truck or bus involved that meets the criteria for use of this report. Transfer the crash report number and other requested data to each report exactly as it is documented on the OH-1.

DEFINITIONS:

TRUCK — A motor vehicle designed, used or maintained for carrying property and having at least two axles and six tires, or displaying a hazardous materials placard. This does not necessarily mean a truck in the generally-accepted sense, but would include a placarded station wagon or four-wheel pickup hauling hazardous material.

BUS — A motor vehicle designed to transport at least 16 people including the driver and used primarily for the transportation of people.

MOTOR CARRIER — A business entity, individual, partnership, corporation, or religious organization responsible for the transportation of goods, property, or people.

SPECIAL INSTRUCTIONS:









REPORT / CRASH NUMBER, REPORTING AGENCY, NCIC ORI, COUNTY, CITY, VILLAGE, TOWNSHIP, DATE, TIME, LOCATION, FATALITIES, INJURIES, DRIVER'S NAME, SSN, DRIVERS LICENSE STATE & NUMBER — Enter the crash number and data exactly as recorded on the OH-1. Use two-letter NCIC code to identify the state issuing the license.

CDL LICENSE CLASS — Check the CDL drivers license Class A, B, C or D. Effective April 1, 1992, operator's and chauffeur's licenses are considered Class 'D' licenses. CDL licenses issued by Ohio and other states have "CDL" or "Commercial Drivers License" printed on them. Farm services restricted CDL's will be considered a Class "B" CDL.









CARRIER'S NAME AND ADDRESS — Place ONLY ONE checkmark beside the source of the name. EXAMPLE: If from the side of the vehicle, check "Vehicle Side" as the source. Note: Name on vehicle may not be carrier of record. Use corporate street address. Use P.O. Box only if no other address is available.

CARRIER'S ID NUMBERS — Record the USDOT census number, the ICC MC number and the PUCO number. If a number is not available, leave the caption blank.

VEHICLE CONFIGURATION — Enter code number that best represents the vehicle involved in the collision. Use the guide below.

VEHICLE CONFIGURATION GUIDE	
1  Bus	2  Single unit truck, 2 axles, 6 tires
3  Single unit truck, 3 or more axles	4  Truck/trailer
5  Truck/tractor	6  Tractor/semi-trailer
7  Tractor/doubles	8  Tractor/triples

CARGO BODY TYPE — Enter the code number that best represents the body type. Use the guide below.

CARGO BODY TYPE	
1  Bus	2  Van/enclosed box
3  Cargo tank	4  Flatbed
5  Dump	6  Concrete mixer
7  Auto transporter	8  Garbage/refuse

SEQUENCE OF EVENTS — Enter the code number for the first event in this vehicle's collision. Enter code numbers in 2nd, 3rd and 4th Event boxes for any additional events in the collision. EXAMPLE: If a runaway truck runs off the road, jackknifes and overturns, enter "04" in 1st Event for "Downhill Runaway", "01" in 2nd Event for "Ran off Road", "02" in 3rd Event for "Jackknife" and "03" in 4th Event for "Overturn". Up to four may be entered depending on the circumstances surrounding the crash. NOTE: Enter only for this truck's or bus's involvement in the crash.

AXLES ON VEHICLES — Enter the total number of axles on the complete vehicle, including any trailer(s).

GVWR — Enter the gross vehicle weight rating (GVWR) as determined from the federal sticker, certificate of registration or other sources. If the vehicle is a combination, enter the combined GVWR. GVWR's are listed on the Federal Certification plate or label generally found on the driver-side door post of the power unit and on the forward half of the left side of the trailer(s), either on the front or left side near the left front corner of the trailer(s). CAUTION: This GVWR is not to be confused with gross weight or declared gross weight for registration purposes.

TOWED — Self-explanatory.

HAZARDOUS MATERIALS — Check "yes" if the vehicle was carrying a hazardous material in quantities that require placarding or markings according to 49 CFR (Code of Federal Regulations) Part 177.823. NOTE: Hazmat placards cannot be relied upon as the indicator for hazardous loads. Bills of lading must be checked because the quantity of hazardous material determines the necessity for placarding.

WAS HAZARDOUS CARGO RELEASED — Check "yes" or "no" if any portion of the hazardous cargo was released. Do not include spills from the vehicle's fuel tank.

VIN — Vehicle identification number from power unit, not trailer.

PLACARD INFORMATION — If vehicle is placarded, enter the four-digit ID number from the middle of the numbered placard or from the orange panel that appears under an unnumbered panel. Enter the single-digit classification number from the bottom of the diamond shaped placard.

OFFICER SIGNATURE, BADGE / ID # — Self-explanatory

DISPOSITION OF REPORT:

Include the original with the OH-1 as a permanent part of the crash investigation. Forward the copy to:
Ohio Department of Public Safety
Traffic Crash Records
1952 West Broad Street
Columbus, Ohio 43223